



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 05 2018

BY

27438
[Signature]

1. Entity ID Number 798901		2. Exact name of the Corporation KKO RESTAURANT, INC.	
3. Principal Office Address 5647 POST ROAD		City EAST GREENWICH	State RI
		Zip 02818	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island THE OPERATION OF A RESTAURANT TO INCLUDE THE SALE OF FOOD, LIQUOR AND RELATED PRODUCTS.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KIN LAM KO		Vice-President Name KIN LAM KO	
Street Address 591 SMITHFIELD ROAD		Street Address SAME	
City NORTH PROVIDENCE	State RI	Zip 02904	
Secretary Name KIN LAM KO		Treasurer Name KIN LAM KO	
Street Address SAME		Street Address SAME	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name KIN LAM KO		Director Name	
Street Address SAME		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		1000	COMMON
		PAR VALUE	
		\$01	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative KIN LAM KO		Date 2/8/2018	
Signature of Authorized Representative <i>[Signature]</i>		SIGN DOCUMENT HERE	